

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

ESTATE OF JEREMIAH WRIGHT, et al.,

Case No.

Plaintiffs,

**DECLARATION OF CASSANDRA NEYENS
RE: CAL. CODE CIV. PROC. § 377.32**

vs.

COUNTY OF STANISLAUS, et al.,

Defendants.

I, Cassandra Neyens, do declare and say:

1. I submit the following declaration concerning A [REDACTED] W [REDACTED]'s status as the successor-in-interest to Jeremiah Wright, pursuant to section § 377.32 of the California Code of Civil Procedure. I submit this declaration on behalf of A [REDACTED] W [REDACTED] because he is a minor.

2. Jeremiah Wright was born on [REDACTED] 1985, in 1988 Modesto, CA.

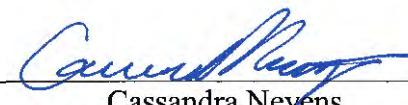
3. No proceeding is now pending in California for administration of the estate of Jeremiah Wright.

4. A [REDACTED] W [REDACTED] is the successor-in-interest to Jeremiah Wright (as defined in section 377.11 of the California Code of Civil Procedure) and succeeds to his interest in this action or proceeding. A [REDACTED] W [REDACTED] is the biological son of Jeremiah Wright.

5. No other person has a superior right to commence this action or proceeding, or to be substituted for Jeremiah Wright in this pending action or proceeding.

6. A true and correct copy of the death certificate of Jeremiah Wright is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on June 12, 2024, at Sacramento, California.


Cassandra Neyens

STATE OF CALIFORNIA

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COUNTY OF STANISLAUS

MODESTO, CALIFORNIA

3052024115234

CERTIFICATE OF DEATH

3202450002265

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER																					
1. NAME OF DECEASED-FIRST (Given) JEREMIAH		2. MIDDLE AUSTIN		3. LAST (Family) WRIGHT																			
AKA: ALSO KNOWN AS - Include all AKA (First, Middle, Last)		4. DATE OF BIRTH mm/dd/yy		5. AOE Yrs. 38		6. IF UNDER ONE YEAR Months		7. IF UNDER 24 HOURS Days		8. IF UNDER 24 HOURS Hours		9. IF UNDER 24 HOURS Minutes		10. SEX M									
11. BIRTH STATE/FOREIGN COUNTRY CA		12. SOCIAL SECURITY NUMBER [REDACTED]		13. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		14. MARRITAL STATUS/SDP* (at time of death) NEVER MARRIED		15. DATE OF DEATH mm/dd/yy 05/27/2024		16. HOUR (24 Hours) 0120													
17. EDUCATION - Highest Level/degree HS GRADUATE		18. WAS DECEASED HISPANIC/LATINO/ASIAN? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		19. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE																			
20. DECEASED'S OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ELECTRICIAN		21. USUAL RESIDENCE (Street and number, or location) [REDACTED]		22. COUNTY/PROVINCE STANISLAUS		23. ZIP CODE 95356		24. YEARS IN COUNTY 38		25. STATE/FOREIGN COUNTRY CA													
26. INFORMANT'S NAME, RELATIONSHIP RODNEY DALE WRIGHT, FATHER		27. INFORMANT'S MAILING ADDRESS (Street and number, or route number, city or town, state and zip) [REDACTED] MODESTO, CA 95356																					
28. NAME OF SURVIVING SPOUSE/SDP*-FIRST -		29. MIDDLE		30. LAST (BIRTH NAME)																			
31. NAME OF FATHER/PARENT-FIRST RODNEY		32. MIDDLE DALE		33. LAST WRIGHT		34. BIRTH STATE CA																	
35. NAME OF MOTHER/PARENT-FIRST ELLEN		36. MIDDLE MARIE		37. LAST (BIRTH NAME) SHORTER		38. BIRTH STATE CA																	
39. DISPOSITION DATE mm/dd/yy 06/03/2024		40. PLACE OF FINAL DISPOSITION RESIDENCE - RODNEY DALE WRIGHT MODESTO, CA 95356		41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42. SIGNATURE OF EMBALMER ► NOT EMBALMED		43. LICENSE NUMBER															
44. NAME OF FUNERAL ESTABLISHMENT CUNNINGHAM'S AFFORDABLE BURIAL & CEMETERY CENTER		45. LICENSE NUMBER FD1563		46. SIGNATURE OF LOCAL REGISTRAR ► THEOGNOSIA PAPASOZOMENOS, RMD		47. DATE mm/dd/yy 05/31/2024																	
101. PLACE OF DEATH COUNTY JAIL		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ERCP <input type="checkbox"/> DOA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing <input type="checkbox"/> Home/LTC <input checked="" type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ERCP <input type="checkbox"/> DOA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing <input type="checkbox"/> Home/LTC <input type="checkbox"/> Other																			
104. COUNTY STANISLAUS		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 200 E HACKETT ROAD		106. CITY MODESTO																			
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBRVE.		108. TIME INTERVAL BETWEEN ONSET AND DEATH (A) _____ - (B) _____ - (C) _____ - (D) _____ - 109. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C24001462																					
110. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 --																							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		114. DECEASED PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK																					
115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/yy (B) mm/dd/yy		116. SIGNATURE AND TITLE OF CERTIFIER ►		117. LICENSE NUMBER		118. DATE mm/dd/yy																	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Nature <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yy		122. HOUR (24 Hours)																	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)																							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)																							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)																							
126. SIGNATURE OF CORONER / DEPUTY CORONER ETTA JOHNSON		127. DATE mm/dd/yy 05/31/2024		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ETTA JOHNSON, DEP CORONER																			
STATE REGISTRAR	A	B	C	D	E											FAX AUTH.#	CENSUS TRACT						

Donna Linder

DONNA LINDER, CLERK-RECORDER
STANISLAUS COUNTY, CALIFORNIACERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF STANISLAUS

50-793210

ISABELLA CARRILLO

Deputy

DATE ISSUED 06/14/2024 Page 1 of 1

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Stanislaus County Clerk-Recorder.
This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CASTANISLAUS

